

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	02/14/01
FORMALITY REVIEW	SS	573	02-29-01
RESPONSE FORMALITY REVIEW	ph	1030	6-14-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	9/02
2	10/03
3	02/04
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Claim	Date
Final	Original
51	10/03
52	2/04
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Claim	Date
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If more than 150 claims or 10 actions  
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